

APR 04 2005

## PART B - FEE(S) TRANSMITTAL

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7590 01/26/2005

Joseph D. Kuborn  
 Andrus, Sceales, et al  
 100 E. Wisconsin Avenue  
 Ste. 1100  
 Milwaukee, WI 53202  
 04/05/2005 DEMMANU2 00000084 502401 09915672

01 FC:1501 1400.00 DA  
02 FC:1504 300.00 DA

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/15/672	07/26/2001	John M. Surwill	070191/320 (31-CD-6181)	7286

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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Barbara A. Johnson	(Depositor's name)
Barbara A. Johnson	(Signature)
3-31-2005	(Date)

TITLE OF INVENTION: MEDICAL TESTING SYSTEM WITH AN ILLUMINATING COMPONENT AND AUTOMATIC SHUT-OFF

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1400	\$300	\$1700	04/26/2005
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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OROPEZA, FRANCES P	3762	600-509000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list <b>ANDRUS, SCEALES, STARKE &amp; SAWALL, LLP</b> (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	2 _____
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

GE Medical Systems  
Information Technologies, Inc.

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Milwaukee, WI

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

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 Publication Fee (No small entity discount permitted)  
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 The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **50-2401** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  
 b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Authorized Signature \_\_\_\_\_

*Joseph D. Kuborn*Date **3-31-2005**

Typed or printed name \_\_\_\_\_

*Joseph D. Kuborn*Registration No. **40,689**

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